

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 06-30-04.

## **I. DISPUTE**

Whether there should be additional reimbursement for ancillary services on date of service 07-15-03.

## **II. FINDINGS**

On 08-23-04, the Division submitted a Notice to the requestor to notify the requestor that based on review of the disputed issues within the request, the Medical Review Division determined that the file contained unresolved medical fee issues only. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

## **III. RATIONALE**

Ancillary services for date of service 07-15-03 were denied with denial code "G" (global) on the reconsideration EOB. Per Rule 133.304(c) the carrier did not specify which service the denied charges were global to. Additional reimbursement in the amount of \$14,798.20 (\$17,034.20 billed minus carrier payment of \$2,236.00) is recommended.

## **IV. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for the ancillary services on date of service 07-15-03.

The above Findings and Decision are hereby issued this 17<sup>th</sup> day of December 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

**V. ORDER**

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 07-15-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 17<sup>th</sup> day of December 2004.

Hilda H. Baker, Manager  
Medical Dispute Resolution  
Medical Review Division

HHB/dlh